

HMO Benefits

The HMO coverage described below represents the minimum level of coverage an HMO is required to provide. Benefits are outlined in each plan's summary plan document (SPD). It is the member's responsibility to know and follow the specific

requirements of the HMO plan selected. Contact the plan for a copy of the SPD. A \$100 prescription deductible applies to each plan participant (see page 25 for details).

| HMO Plan Design | |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Plan year maximum benefit | Unlimited |
| Lifetime maximum benefit | Unlimited |
| Hospital Services | |
| Inpatient hospitalization | 100% after \$350 copayment per admission |
| Alcohol and substance abuse | 100% after \$350 copayment per admission |
| Psychiatric admission | 100% after \$350 copayment per admission |
| Outpatient surgery | 100% after \$250 copayment |
| Diagnostic lab and x-ray | 100% |
| Emergency room hospital services | 100% after \$250 copayment per visit |
| Professional and Other Services (Copayment not required for preventive services) | |
| Physician Office visit | 100% after \$20 copayment per visit |
| Preventive Services, including immunizations | 100% |
| Specialist Office visit | 100% after \$30 copayment per visit |
| Well Baby Care (first year of life) | 100% |
| Outpatient Psychiatric and Substance Abuse | 100% after \$20 or \$30 copayment per visit |
| Prescription drugs (30-day supply) (\$100 deductible applies; formulary is subject to change during plan year) | \$8 copayment for generic \$26 copayment for preferred brand \$50 copayment for nonpreferred brand |
| Durable Medical Equipment | 80% |
| Home Health Care | \$30 copayment per visit |

Some HMOs may have benefit limitations based on a calendar year.

